

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly



## Bulletin

JAN 15 1929

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GUY P. JONES  
EDITOR

## *Fewer Deaths From Tuberculosis*

During the first nine months of the year 1929, there were 4515 deaths from tuberculosis in California. During the corresponding period of the preceding year there were 4568 deaths from this disease. In 1928 there were 6074 deaths from tuberculosis, and it is anticipated that the total number of deaths in 1929 will not be more than 6000. This indicates that the mortality rate per hundred thousand population for 1929 will probably be about 135, as against a rate of 139.7 for the year 1928. The population in California increases by about one hundred thousand each year and the reduced number of deaths, together with the natural increase in the population, works to advantage in making a low mortality rate for the year 1929.

The California tuberculosis death rate has dropped consistently since 1906. In that year the rate was 221.8 per hundred thousand population. In 1920 it was 155 per hundred thousand population. Out of the 6074 persons in California who died of tuberculosis last year, 3004 had lived in California for ten years and over, 1260 had lived here five to nine years, 894 one to four years, and 453 had lived in the state for less than one year.

Because of California's reputation as a health resort, large numbers of individuals suffering from tuberculosis come to this state for treatment. Many of them are suffering from the disease in an advanced form; this is a factor in making a high tuberculosis death rate for California. The five states which have the highest tuberculosis death rates are Arizona, Ten-

nessee, Colorado, California and Kentucky. The southern states, which have large colored populations, always have high tuberculosis death rates for the reason that colored people seem to be particularly susceptible to the onslaughts of this disease. Arizona and Colorado attract large numbers of tuberculosis cases from other states because of the large numbers of health resorts that are located within those states.

Almost 25 per cent of all tuberculosis deaths in California in 1928 were in Mexicans, 1351 Mexican deaths having been recorded out of a total of 6074. Negro deaths were 229, Japanese 176, Chinese 126 and Indian 80.

### Tuberculosis Deaths by Race, 1926-1928

	1926	1927	1928
Totals -----	5,794	5,960	6,074
White -----	4,040	4,141	4,009
Negro -----	201	196	229
Indian -----	71	51	80
Chinese -----	135	131	126
Japanese -----	174	179	176
Other -----	44	31	103
Mexican -----	1,129	1,231	1,351

### Length of Residence, Tuberculosis Decedents, 1926-1928

	1926	1927	1928
Totals -----	5,794	5,960	6,074
Under 1 month -----	49	51	62
1- 3 months -----	104	116	82
4- 6 months -----	103	127	104
7-12 months -----	108	116	205
1- 4 years -----	1,163	1,154	894
5- 9 years -----	1,008	1,146	1,260
10 years and over -----	2,780	2,750	3,004
Unknown -----	479	500	463

California is equipped in better fashion, perhaps, to care for its own tuberculosis cases than are most of the other states. County hospitals for the treatment of this disease are required, under the provision of a small subsidy provided by the state, to maintain the highest possible standards. As a result, many of the county hospitals where indigent cases are treated are equipped with facilities equal to those provided by the most expensively equipped private sanatoria.

The large number of organizations which are working in the interest of the tuberculous have accomplished much in bringing about the reduced death rates. The standard methods which are used in the care of the tuberculous have also produced conspicuous results in the saving of lives. Rest in bed, proper food, medical supervision and hospital care are undoubtedly responsible, largely, for the lower death rates. The information acquired by the general public in the development of personal hygiene, the eating of proper foods, better facilities for recognition, better working conditions, higher wages and the growing tendency to spend more time out-of-doors have all played important parts in checking the devastation caused by this preventable disease.

It is generally recognized that most cases of tuberculosis are contracted in infancy, but do not develop into acute cases of the disease until the strains and stresses of later life bring on the acute symptoms of the disease. For this reason the work of the preventoria is of the utmost importance. Children who may be predisposed to tuberculosis, or whose parents may be tuberculous, should be given every possible provision for the development of good general health, in order to offset the possible development of tuberculosis. The tendency of the organizations working in the prevention of tuberculosis to develop preventoria for children is generally regarded as one of the most important activities in tuberculosis prevention.

#### Tuberculosis Deaths in California, 1906-1928

Year	Number deaths	Rate per 100,000 population
1906	4,437	221.8
1907	4,607	225.5
1908	4,565	209.0
1909	4,673	203.9
1910	4,872	203.0
1911	5,114	203.9
1912	5,128	196.0
1913	5,402	198.3
1914	5,320	187.8
1915	5,551	188.8
1916	5,267	172.8
1917	5,457	172.9
1918	5,888	180.4
1919	5,678	168.3
1920	5,397	155.0
1921	5,427	151.2
1922	5,847	158.1

1923	5,724	150.4
1924	6,023	153.9
1925	5,896	146.6
1926	5,794	140.4
1927	5,960	140.6
1928	6,074	139.8

#### DR. GEORGE E. VINCENT TALKS OF MENTAL HYGIENE

Mental hygiene has come. It has come to stay. It has come as one of the most important and fascinating, and, let us say frankly, one of the most immature of all forms of social inquiry in connection with public health. . . .

Of late years, we have been establishing juvenile courts and conducting the proceedings in these courts in an illegal way—you have no idea how human you can make institutions if you stop being legal. At the present time, it is considered a poor court that does not use a psychiatrist or psychologist who is able to assist the judge in interpreting a given case and to assist the probationary officer when the child is placed on parole. . . .

When the mental hygienist begins to devote attention to college students and school children, he is forced to deal with parents. There are those who feel that parents are quite hopeless—who feel that you can not do anything with them and that you might as well concentrate your efforts on children with the hope of making some impression on the rising generation. But that does not take into account the fact that children have to go home to their parents. So it is necessary to undertake the task of training parents. . . .

A very significant and important thing to remember is that the various hygienes, the control of communicable diseases and the sanitation of the environment are all part of one movement. The idea that you can touch any of them—that you can deal with or dwell on one to the exclusion of the others—the idea that you can develop any one of them very far until you have developed the others is one of the great fallacies—and what is termed mental hygiene permeates all the other hygienes. . . . —Excerpts from address given at Annual Meeting of Canadian National Committee for Mental Hygiene.

“The great things of life are not the exceptional things, but the beauties of every day, which we do not stop to notice. The vast treasures within our grasp, which we do not even touch, they are the things which count. Indeed, I do not know why we demand another life, since we have not learned to enjoy and understand this one fully.”—Auguste Rodin.

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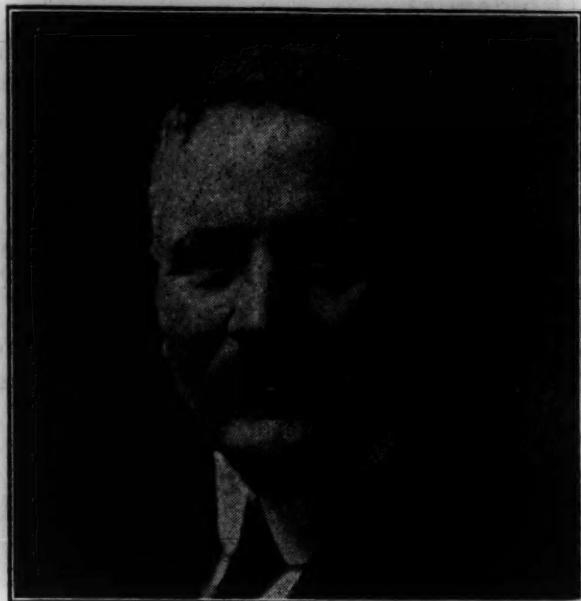
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## DEATH COMES TO FRED WILLIAM BROWNING

Dr. Fred William Browning, who was the city health officer of Hayward for almost a quarter of a century, and who was secretary of the Health Officers' Section of the League of California Municipalities for a full score of years, died in San Francisco December 30, 1929. Dr. Browning was the last of the group of health officers who were pioneers in the



Fred William Browning, M.D., late City Health Officer of Hayward and Secretary, Health Officers' Section, League of California Municipalities.

organization of the Health Officers' Section of the League of California Municipalities, which is the official organization of local health officers in California. Although Dr. Browning was younger than the late Dr. William Simpson, who was health officer of Santa Clara County for thirty-five years, and the late Dr. Luther M. Powers, who was health commissioner of the city of Los Angeles for thirty-five years, he nevertheless belongs to the group of older health officers who were instrumental in the development of a reciprocal body of California health officers.

No man ever had greater enthusiasm for public health than Dr. Browning. This enthusiasm, which was spontaneous, persisted throughout his entire life. His devotion to the organization and his zeal in its development are unprecedented in the annals of public health in California. He took the greatest of enjoyment in his work as secretary of the Health Officers' Section, devoting a large part of his time and energy in the pursuit of the duties connected with the office. He was largely responsible for the successful meetings of the section, and it would seem that there is no one who can fill his place adequately.

Dr. Browning labored insistently toward the success of the last meeting of the section, which was held in Oakland, October 7 to 11, 1929. On the evening of October 9th, the annual dinner of the California health officers was held in Hayward upon the invita-

tion of the city of Hayward and the local Chamber of Commerce. Most of the health officers who were attending the annual convention in Oakland were present at this dinner, together with all of the city officials and many residents of Hayward. The opportunity to pay homage to Dr. Browning and to express esteem for him was grasped by those who were in attendance upon this dinner. The doctor was in poor health for several months preceding the Oakland meeting, and he undoubtedly exerted himself too greatly in his work as secretary of the Health Officers Section. He was obliged to remain in his home after the convention was closed, and his health gradually failed until death finally came to him in a San Francisco hospital, where he had been a patient for about three weeks.

Unfailing loyalty, unbounded energy, buoyant enthusiasm, sterling honesty of purpose, and a deep affection for his coworkers are outstanding characteristics of this man of high ideals. He occupied a place among California health officers that is most unique. Few health officers realize, however, the great sacrifices that he made in the development of their organization. With the coming years he will be missed even more greatly. Those health officers who have served in their communities for long periods of years must realize the change in the type of public health administration that has come during recent years. They must take stock of the attributes that make for successful administration of public health affairs, and they must give tribute to those sterling men, of whom Dr. Browning was the very last—men who had the foresight, the vision and the intellect to build the framework upon which all public health activities in California are erected.

"One of the most important lessons that we should appreciate is the great complexity and the vast scope of the field of public health. It is not a definite science but comprises a great body of knowledge about as broad as experimental science itself. For that reason the study of public health should be excellently adapted for general educational purposes. In this field, not only are the fundamentals of practically every laboratory science applied, but here is ample opportunity for the study of classics, the humanities, social problems and economics; for all civilizations have been profoundly influenced by problems of health and disease.—D. J. Davis, *Illinois Medical Journal*, November, 1929.

## MORBIDITY\*

### Diphtheria.

67 cases of diphtheria have been reported, as follows: Alameda 1, Oakland 4, Butte County 1, Fresno County 2,

\* From reports received on December 30th and 31st for week ending December 28th.

Humboldt County 1, El Centro 1, Kern County 1, Lake County 1, Los Angeles County 6, Long Beach 3, Los Angeles 17, Montebello 1, San Fernando 2, Santa Monica 3, Merced County 1, Orange County 4, Santa Ana 1, La Habra 3, Lincoln 1, Sacramento County 1, San Francisco 8, Santa Clara County 1, Palo Alto 1, San Jose 1, Stanislaus County 1.

#### Scarlet Fever.

208 cases of scarlet fever have been reported, as follows: Alameda County 1, Alameda 2, Berkeley 2, Oakland 8, San Leandro 1, Butte County 1, Contra Costa County 3, Pittsburg 1, Fresno County 4, Fresno 8, Willows 1, Eureka 1, Kern County 4, Bakersfield 1, Los Angeles County 9, El Segundo 1, Inglewood 1, Long Beach 2, Los Angeles 51, Pomona 3, San Gabriel 1, Whittier 1, Hawthorne 1, Maywood 3, Madera County 1, Chowchilla 1, Marin County 3, Monterey County 3, Pacific Grove 1, Salinas 2, Orange County 2, Fullerton 1, Placer County 1, Sacramento County 9, Sacramento 7, Redlands 1, San Diego County 8, San Diego 2, San Francisco 16, San Joaquin County 2, Lodi 2, Stockton 6, San Luis Obispo County 3, Arroyo Grande 2, San Luis Obispo 1, San Mateo County 1, Santa Barbara County 6, Santa Clara County 1, Palo Alto 1, Mount Shasta 2, Modesto 1, Turlock 1, Red Bluff 2, Tulare County 1, Dinuba 1, Porterville 1, Santa Paula 2, Davis 3.

#### Measles.

203 cases of measles have been reported, as follows: Alameda 14, Berkeley 1, Oakland 11, Butte County 4, Contra Costa County 2, Clovis 1, Los Angeles County 5, Long Beach 1, Los Angeles 6, Merced County 1, Placer County 1, Riverside 1, Sacramento County 3, Sacramento 2, San Francisco 126, San Joaquin County 3, Daly City 1, Redwood City 1, Santa Barbara 2, San Jose 14, Santa Clara 2, Vacaville 1.

#### Smallpox.

60 cases of smallpox have been reported, as follows: Oakland 1, Pleasanton 1, El Centro 15, Los Angeles 1, Pasadena 6, Pomona 1, Whittier 4, Maywood 3, Mill Valley 1, Monterey

County 3, Placer County 2, Roseville 2, Riverside County 1, Sacramento 3, Redlands 3, San Francisco 4, Stockton 1, San Jose 2, Santa Cruz County 1, Stanislaus County 5.

#### Typhoid Fever.

4 cases of typhoid fever have been reported, as follows: Hanford 1, Los Angeles 1, San Diego 1, Stanislaus County 1.

#### Whooping Cough.

46 cases of whooping cough have been reported, as follows: Berkeley 2, Butte County 5, Kings County 1, Los Angeles County 4, Burbank 1, Long Beach 5, Los Angeles 14, Pasadena 1, Pomona 1, Santa Ana 4, San Diego 2, San Francisco 2, Palo Alto 1, San Jose 2, Santa Cruz County 1.

#### Meningitis (Epidemic).

14 cases of epidemic meningitis have been reported, as follows: Reedley 1, Los Angeles County 1, Los Angeles 6, Laguna Beach 1, San Diego 2, San Francisco 1, South San Francisco 1, California 1.\*\*

#### Encephalitis (Epidemic).

Redwood City reported one case of epidemic encephalitis.

#### Trichinosis.

11 cases of trichinosis have been reported, as follows: Alameda 1, Oakland 1, San Francisco 5, Sonoma County 4.

#### Undulant Fever.

2 cases of undulant fever have been reported, as follows: Kern County 1, Fullerton 1.

#### Poliomyelitis.

Los Angeles reported one case of poliomyelitis.

\*\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

#### COMMUNICABLE DISEASE REPORTS

Disease	1929			1928			Reports for week ending Dec. 29 received by Jan. 2	
	Week ending			Reports for week ending Dec. 28 received by Dec. 31	Week ending			
	Dec. 7	Dec. 14	Dec. 21		Dec. 8	Dec. 15	Dec. 22	
Botulism	0	0	1	0	1	0	0	0
Chickenpox	416	453	243	233	237	257	125	102
Coccidioidal Granuloma	2	1	1	0	0	1	4	0
Diphtheria	102	86	93	67	93	85	92	55
Dysentery (Amoebic)	0	0	3	0	1	0	0	1
Dysentery (Bacillary)	0	0	1	8	0	2	1	0
Encephalitis (Epidemic)	1	0	0	1	3	2	1	0
Erysipelas	15	20	13	15	10	12	14	11
Food Poisoning	29	0	0	0	0	0	4	0
German Measles	11	7	9	9	7	13	1	5
Glanders	0	0	0	0	0	0	0	0
Gonococcus Infection	135	122	114	49	105	119	81	66
Hookworm	1	0	0	0	1	0	0	0
Influenza	77	87	43	39	10,704	7,383	3,141	1,232
Jaundice (Epidemic)	0	0	0	0	1	0	0	0
Leprosy	1	1	0	0	2	0	1	0
Malaria	2	1	1	1	1	1	0	1
Measles	192	318	242	203	21	16	19	17
Meningitis (Epidemic)	9	22	12	14	9	18	12	14
Mumps	408	428	287	205	203	213	139	84
Ophthalmia Neonatorum	1	0	0	0	1	0	1	0
Paratyphoid Fever	0	0	2	0	0	0	0	0
Pellagra	1	0	0	3	0	0	0	0
Plague	0	0	0	0	0	0	0	0
Pneumonia (Lobar)	95	121	69	59	192	200	131	84
Poliomyelitis	3	1	1	1	0	3	3	1
Rabies (Human)	0	0	0	0	0	0	0	0
Rabies (Animal)	16	13	18	5	13	5	19	17
Scarlet Fever	363	404	268	208	199	219	184	130
Smallpox	40	65	50	60	21	27	18	19
Syphilis	149	130	158	93	149	162	113	81
Tetanus	2	1	0	0	0	0	0	0
Trachoma	1	2	1	4	3	0	0	1
Trichinosis	0	0	3	11	2	0	0	0
Tularemia	0	1	0	0	0	0	0	0
Tuberculosis	187	177	176	135	205	186	217	128
Typhoid Fever	8	5	9	4	4	6	5	5
Undulant Fever	0	1	1	2	0	0	0	1
Whooping Cough	101	108	83	46	150	149	75	63
Totals	2,368	2,575	1,902	1,475	12,338	9,079	4,401	2,118